Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN8001	A. BUILDING: **02 - STATE BUILDING** B. WING _____	**07/31/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION-SM	**112 HEALTH CARE DR CARTHAGE, TN 37030**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on an observation the facility failed to maintain the physical plant. The finding included: Observation on 07/31/2017 at 9:07 AM, revealed the sink plumbing was not properly covered to prevent physical contact (Front lobby handicap restroom). 2010 Americans With Disabilities Act, 606.5 The Maintenance director was present when this finding was identified, and later acknowledged by the administrator during the exit conference on 07/31/2017.	N 832		